	0 8 JOUE E	PART B - FEE(S) TRANSMITTAL							
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•	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 20583 7590 02/09/2006 JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017					Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO (571) 273-2885, on the date indicated below.			
								(Depositor's name	
						(Signature			
ŗ	A DRI ICA TION NO	PPLICATION NO. FILING DATE						(Date	
Ĺ	10/726,824	FILING DATE .	FIRST NAMED INVENT			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
T	10/726,824 12/03/2003 George Zabrecky 11352-004-999 5525 TITLE OF INVENTION: COMPOSITIONS AND METHODS USEFUL FOR TREATING AND PREVENTING CHRONIC LIVER DISEASE, CHRONIC HCV INFECTION AND NON-ALCOHOLIC STEATOHEPATITIS								
	APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
_	nonprovisional	YES	\$700			\$300	\$1000	05/09/2006	
	EXAMINER		ART UNIT		CLA	ASS-SUBCLASS			
	TATE, CHRISTOPHER ROBIN		1655			424-725000			
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OF CALCADE DENESSE 00000060 503013 1072682 01 FC:2501 700.00 DA 02 FC:1504 300.00 DA									
		ssignee category or categori	ies (will not be pri	nted on the pa	itent):	Individual Cor	poration or other private grou	ip entity Government	
4a. The following fee(s) are enclosed: Solution So								t any overpayment, to	
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Α	uthorized Signature	drave M	. and	er		Date M.	ay 8, 2006		
Typed or printed name Adriane M. Antler Registration No. 32									
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